

Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, June 18, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

**I. Attendance/Call to Order**

Chairman Lerner called the meeting to order.

Present: Chairman Wayne M. Lerner, DPH, LFACHE and Director Emilie N. Junge (2)

Director Ada Mary Gugenheim

Present

Telephonically: Board Chairman M. Hill Hammock (ex-officio)

Absent: Director Carmen Velasquez (1)

Additional attendees and/or presenters were:

Douglas Elwell – Deputy CEO of Strategy and  
Finance

Steven Glass – Executive Director of Managed  
Care

Elizabeth Reidy – General Counsel

Deborah Santana – Secretary to the Board  
John Jay Shannon, MD – Chief Executive Officer

**II. Public Speakers**

Chairman Lerner asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

**III. Report on CountyCare Health Plan (Attachment #1)**

**A. Metrics**

Steven Glass, Executive Director of Managed Care, provided an overview of the Report on the CountyCare Health Plan. The Committee reviewed and discussed the information.

During the discussion of slide 11, Mr. Glass provided information on the mandate and target set based on the 2011 Resolution from the General Assembly regarding mandatory managed care for Medicaid beneficiaries. The legislative mandate was that by January 2015, 50% of Medicaid beneficiaries in Illinois must be enrolled in some form of coordinated care; the implementation of that by the Illinois Department of Healthcare and Family Services focused on six major metropolitan areas, or regions, across the State - virtually 100% of the Medicaid beneficiaries in those six regions were moved into mandatory managed care.

As referenced on slide 11, Mr. Glass stated that the 1.4 million Family Health Plan(FHP)/Affordable Care Act (ACA) Adults represents the end result of the State's effort to move people from fee-for-service into managed care in the Greater Chicago Region. He noted that the Region's total number will hover in that 1.5 million range from this point forward, unless some dramatic changes in eligibility are seen. Chairman Lerner inquired regarding the number of people in the State who are still without insurance. Mr. Glass responded that he and staff have asked that question, but the State has not yet released that data, so there are no

### **III. Report on CountyCare Health Plan (continued)**

estimates yet. Chairman Lerner noted that, several years ago, he recalls that the statewide objective was to cover 1.7 million people who either were uninsured or underinsured under the definition at that time, who did not qualify for Medicaid or anything (uncompensated care beneficiaries). With the implementation of the ACA, he wondered how many of that 1.7 million were covered, and of that 1.7 million, how many are in the Greater Chicago Region? He is interested in determining where the gap is, because the gap is still going to be covered by CCHHS. Mr. Glass stated that staff will continue to try to get that information, and will present it to the Committee when it is received.

During the discussion of slide 13, Mr. Glass stated that the administration is working with leadership at the CORE Center regarding efforts to have all members' HIV medications filled at the CCHHS pharmacy. The administration is scheduling a much higher level meeting to press on the importance of this and find ways to move this faster. Chairman Lerner inquired whether there is anything that the Committee can do to help move that metric in the right direction. Mr. Glass stated that the administration can vocalize the Committee's support and interest in this subject to the leadership at the CORE Center. Chairman Lerner suggested that, at some point, it may be helpful for the leadership at the CORE Center to come in and talk to the Committee about their efforts and how they are trying to move the patients to have their HIV medications filled at the CCHHS pharmacy. Mr. Glass stated that he will let them know that this could be an upcoming step for them.

During the introduction of the presentation relating to Behavioral Health Services, Mr. Glass stated that the Board will be receiving a much broader overview in terms of a behavioral health strategy next week; CountyCare's role in that is pretty significant and inclusive.

During the discussion of the information on slide 20, Mr. Glass provided an overview of how funding for these services has been provided in the past, and how it has recently changed under the ACA. The way it historically worked is that Medicaid dollars would come into the State, and would be split among the different departments listed on the slide, for different types of Medicaid fund-eligible services; providers would be paid by those departments on a fee-for-service basis. With the ACA, funding shifted into a premium payment that had to be managed by health/managed care plans for a set benefit package that Medicaid must cover.

Chairman Lerner remarked that, essentially the State can reduce its budgetary responsibility by consolidating some of these costs into the ACA premium, and transfer the risk to the health plan. Mr. Glass concurred. With regard to other risks, he stated that a lot of other mental health and substance abuse services get covered by divisions under the Illinois Department of Human Service beyond service dollars - that is an area where there is definite risk for reductions. Another risk right now relates to the shift/transition for the provider community to work with managed care, particularly if they are not familiar working in a claims-based environment.

Director Gugenheim noted that there is a lot of new information available regarding the actual provision of care relating to substance abuse. This is a subject that the Committee may want to further review and discuss. She added that there is in fact a whole range of drug interventions that are quite successful and are very underutilized.

During the discussion of the information on slide 28, Mr. Glass clarified that CountyCare has transferred the risk for care coordination for the ACA adults to Cenpatico, but not for FHP or Integrated Care Program (ICP) members; the exception to that is for those FHP members who are assigned to the Medical Home Network. Chairman Lerner inquired whether there are different case interventions for people with primarily medical conditions versus those with primarily mental health/substance abuse conditions. Mr. Glass responded that, with regard to the ACA Adults, yes; on the FHP and ICP side, that is what management is working to build –

### **III. Report on CountyCare Health Plan (continued)**

they want to strengthen the network and make sure that a broad network of services and providers are available. Chairman Lerner noted that, further down the road, as the administration needs to monitor the quality or outcomes of the interventions on a medical basis, it also needs to measure the quality and outcomes of interventions on a mental health basis.

Board Chairman Hammock referenced a mental health project involving the Cook County Sheriff; he believes that the Sheriff created some sort of clinic on the Far South Side of Chicago; he asked Mr. Glass to provide information on that next week, so there can be an understanding of what the Sheriff's thoughts/plans/actions are relative to behavioral health and the Department of Corrections.

Director Junge stated that she believes there are a huge number of ACA Adults who are justice-involved; they may not be at Cermak Health Services but they may be on probation or have been recently released. She reminded the Committee that recently-released detainees are 200 times more likely to die of an overdose. Mr. Glass stated that one of CountyCare's key partners is TASC; their focus is exactly on that subject, and it is proving to be unbelievably complex and disjointed/uncoordinated. Discussions are being held regarding how to coordinate that care; he indicated that the subject is likely to be reviewed and discussed in the Committee's next quarterly deep dive report.

### **IV. Action Items**

#### **A. Minutes of the Managed Care Committee Meeting, May 21, 2015**

Director Junge, seconded by Chairman Lerner, moved to accept the minutes of the meeting of the Managed Care Committee of May 21, 2015. THE MOTION CARRIED UNANIMOUSLY.

#### **B. Any items listed under Section V**

### **V. Adjourn**

As the agenda was exhausted, Chairman Lerner declared that the meeting was ADJOURNED.

Respectfully submitted,  
Managed Care Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Wayne M. Lerner, DPH, LFACHE, Chairman

Minutes of the Meeting of the Managed Care Committee

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Attest:

XXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

Cook County Health and Hospitals System  
Managed Care Committee Meeting Minutes  
June 18, 2015

ATTACHMENT #1

# CountyCare Report & Quarterly Deep-Dive Discussion

*Prepared for: CCHHS BOD Managed Care Committee*

Steven Glass, Executive Director, Managed Care

June 18, 2015



# Report Format

- Metrics
  - Membership
  - Risk Management
  - Care Management
  - Operations
- Programmatic Deep-Dive
  - Behavioral Health



# Membership

Data as of: 6/2/2015 | Source: Daily Membership (834) File

Key Measures	Mar'15	Apr'15	May'15	Jun'15	Change From Prior		FYTD'15 Budget or Goal	% to Budget/Goal
					Month	Trend		
<b>Monthly Membership</b>								
ACA	153,118	179,393	183,415	176,570	-3.7%	⬇️	155,334	113.7%
FHP	85,984	92,270	90,491	85,246	-5.8%	⬇️	76,119	112.0%
SPD	64,494	84,324	90,140	88,508	-1.8%	⬇️	74,506	118.8%
	2,640	2,799	2,784	2,816	1.1%	⬆️	4,709	59.8%
<b>Home/Community Waiver (incl DD)</b>	474	500	501	505	0.8%	⬆️		
LTC	156	161	176	173	-1.7%	⬇️		
<b>FYTD Member Months</b>	464,097	643,490	826,905	1,003,475			1,002,494	100.1%
ACA	323,223	415,493	505,984	591,230			565,859	104.5%
FHP	133,093	217,417	307,557	396,065			408,024	97.1%
SPD	7,781	10,580	13,364	16,180			28,611	56.6%

	>= Goal
Key:	Within 1% of Goal
	Within 5% of Goal
	< 5% of Goal

- Gender = 56% Female; 44% Male
- Average age = Female: 32 y/o; Male: 30 y/o



# Membership Adds & Deletes

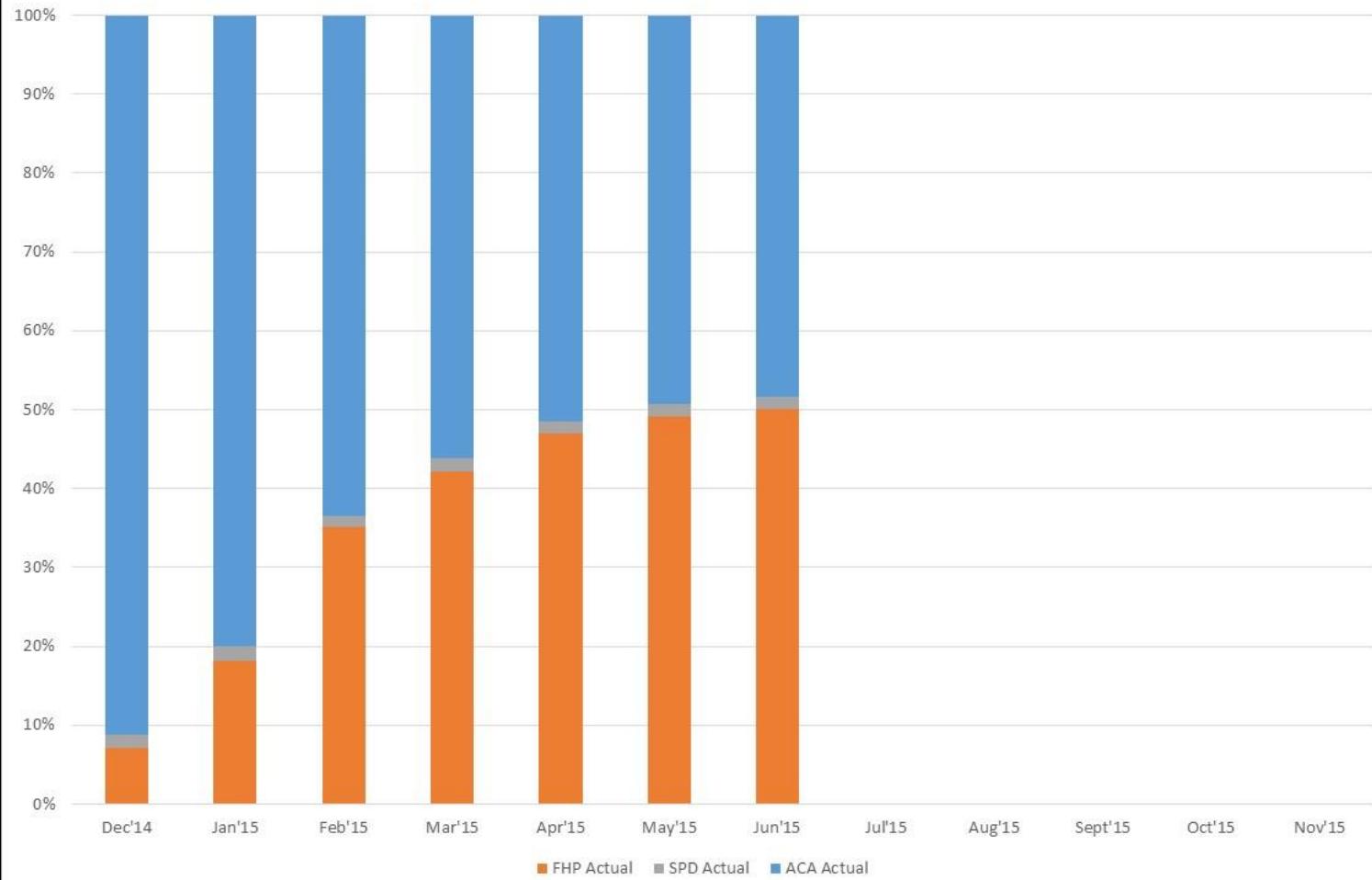
Data as of: 6/2/2015 | Source: Daily Membership (834) File

	Dec'14	Jan'15	Feb'15	Mar'15	Apr'15	May'15	Jun'15
Month Begin Membership	82,374	82,839	92,618	124,403	149,905	177,960	180,877
ACA Adults	(3,381)	130	1,173	5,917	4,674	758	(5,222)
FHP	3,527	9,434	30,518	19,523	23,311	2,095	(2,162)
SPD	319	215	94	62	70	64	28
Total Net Change	465	9,779	31,785	25,502	28,055	2,917	(7,356)
Month End Membership	82,839	92,618	124,403	149,905	177,960	180,877	173,521

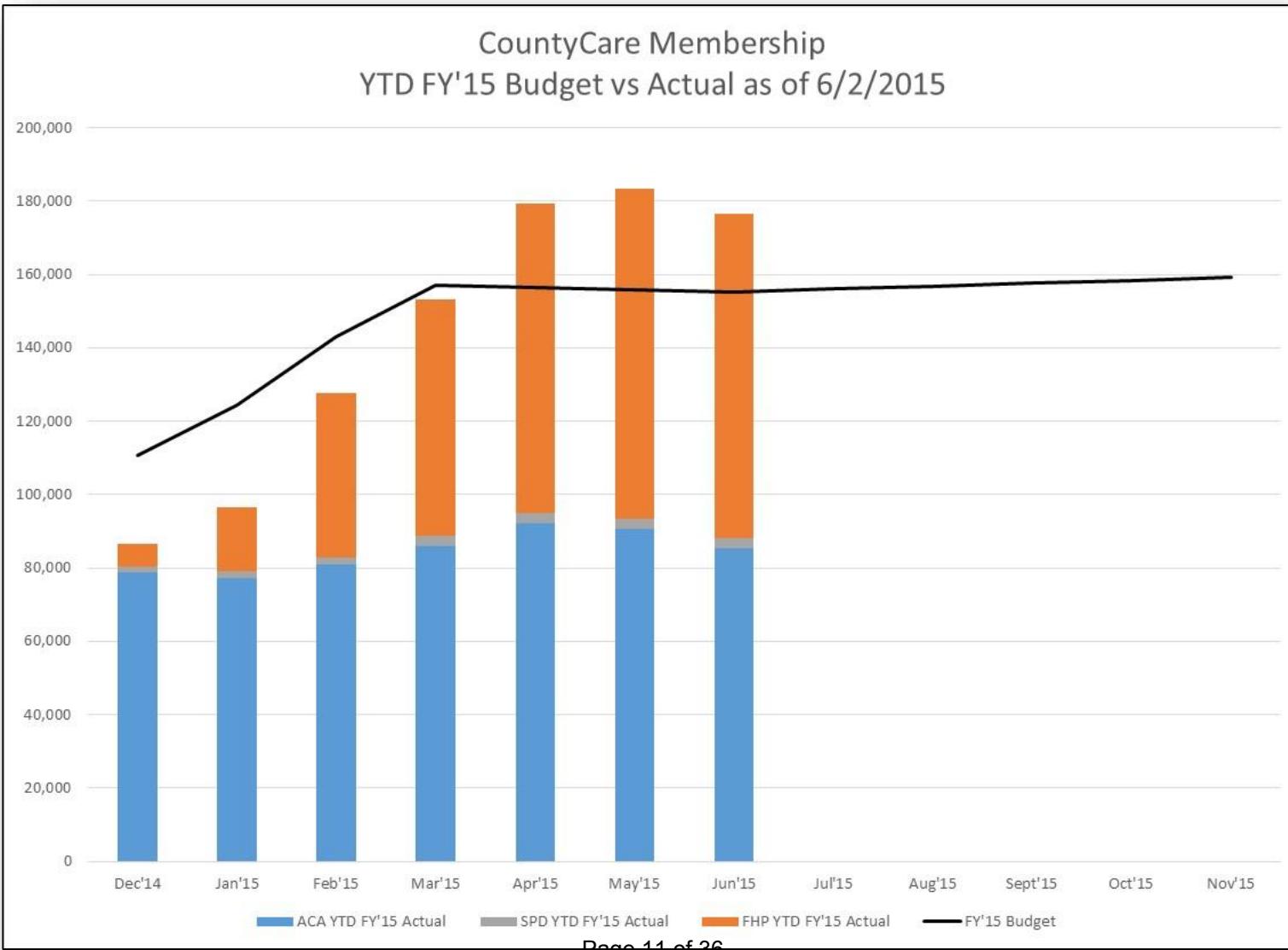


# Members by Medicaid Category

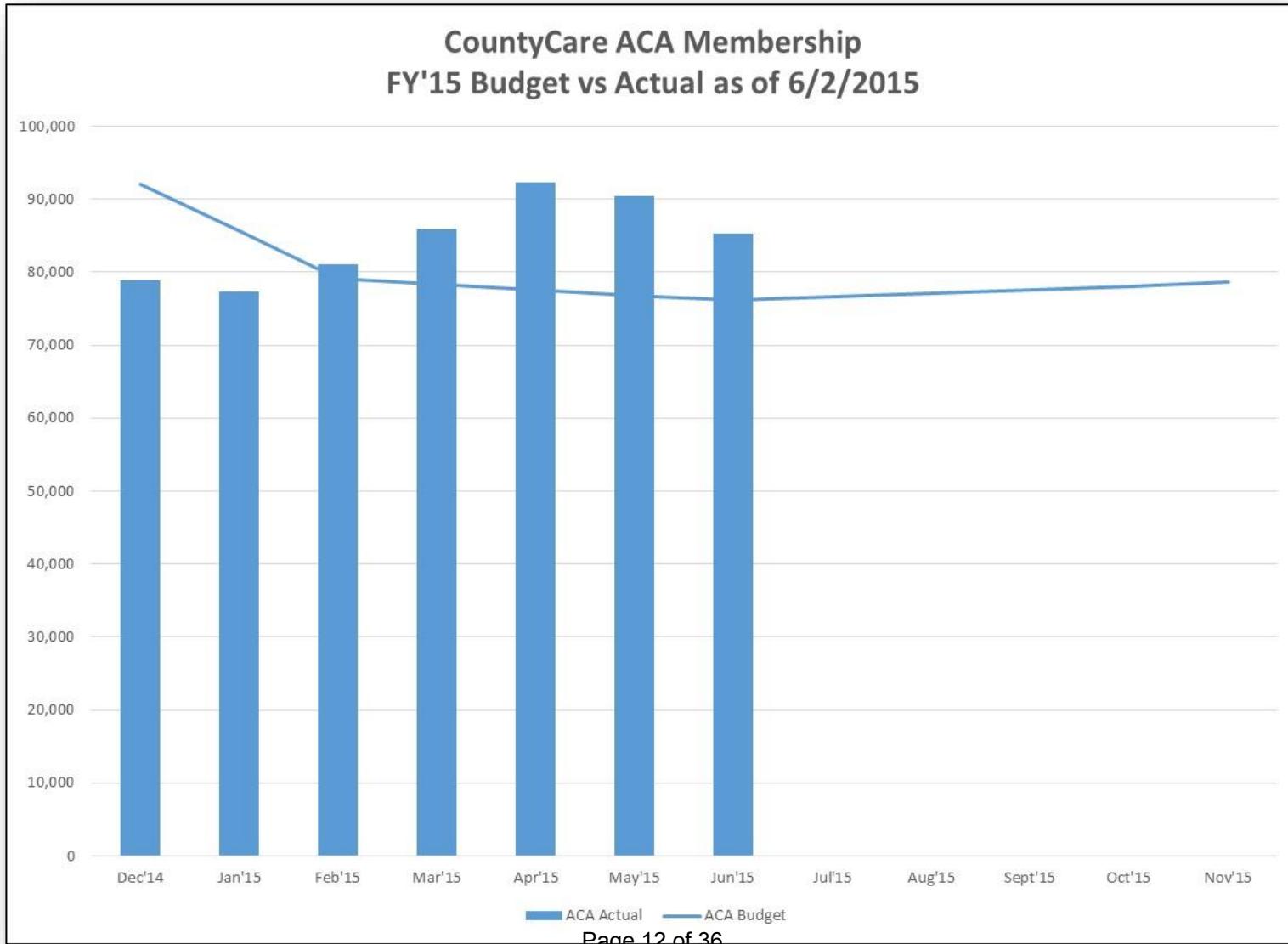
CountyCare Membership by Medicaid Category  
FY'15 as of 6/2/2015



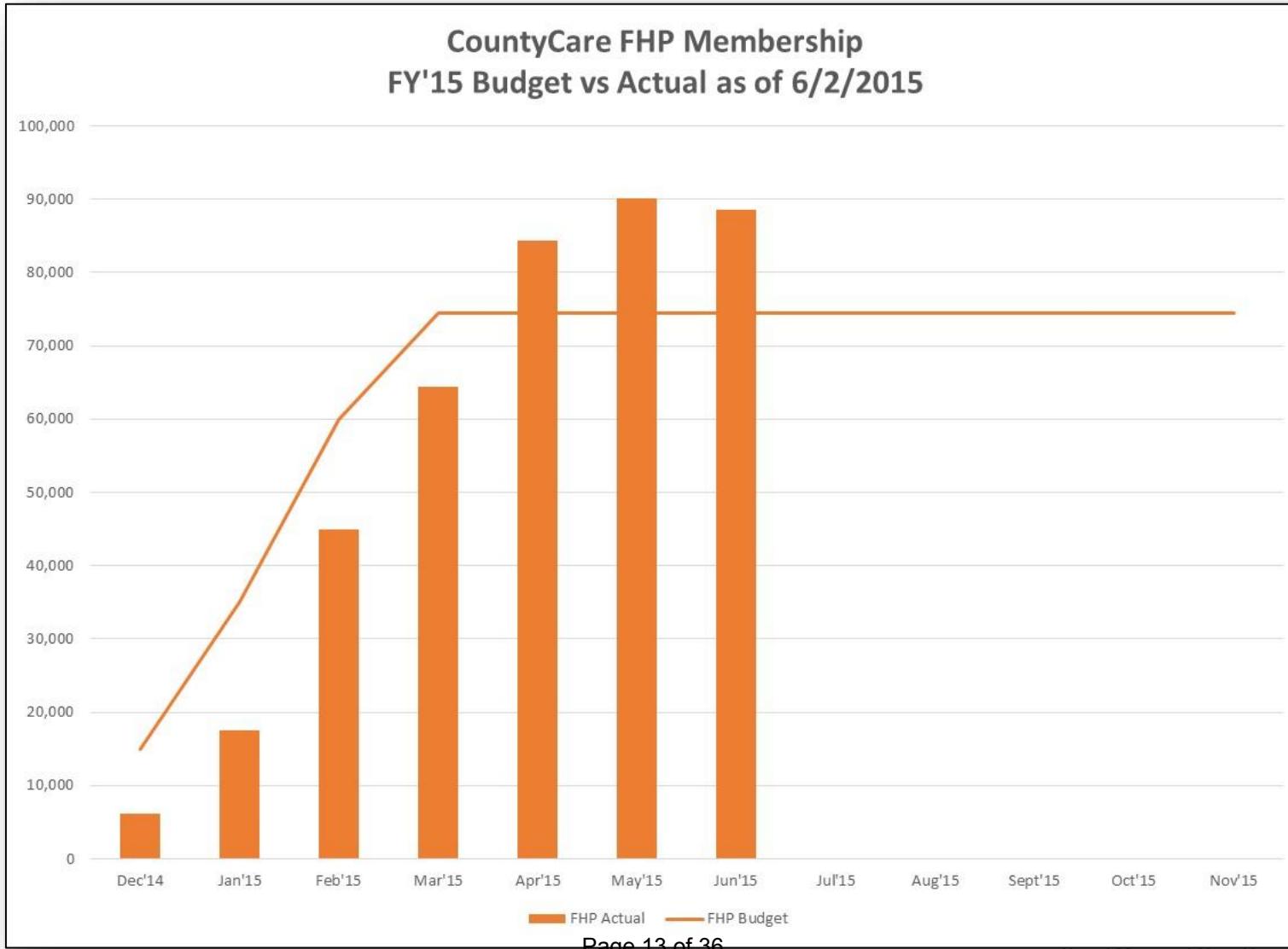
# Membership Trend to Budget



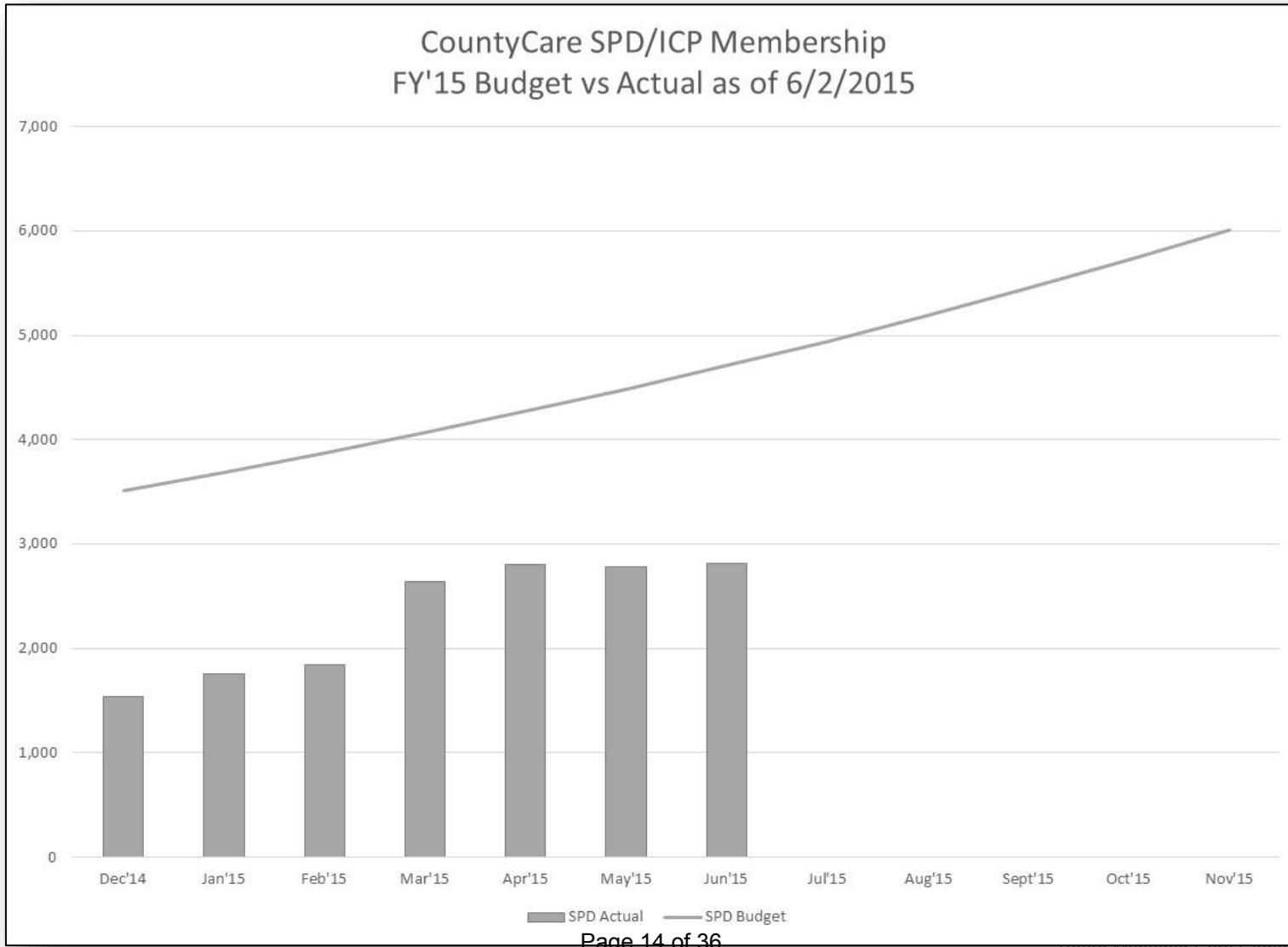
# ACA Membership Trend to Budget



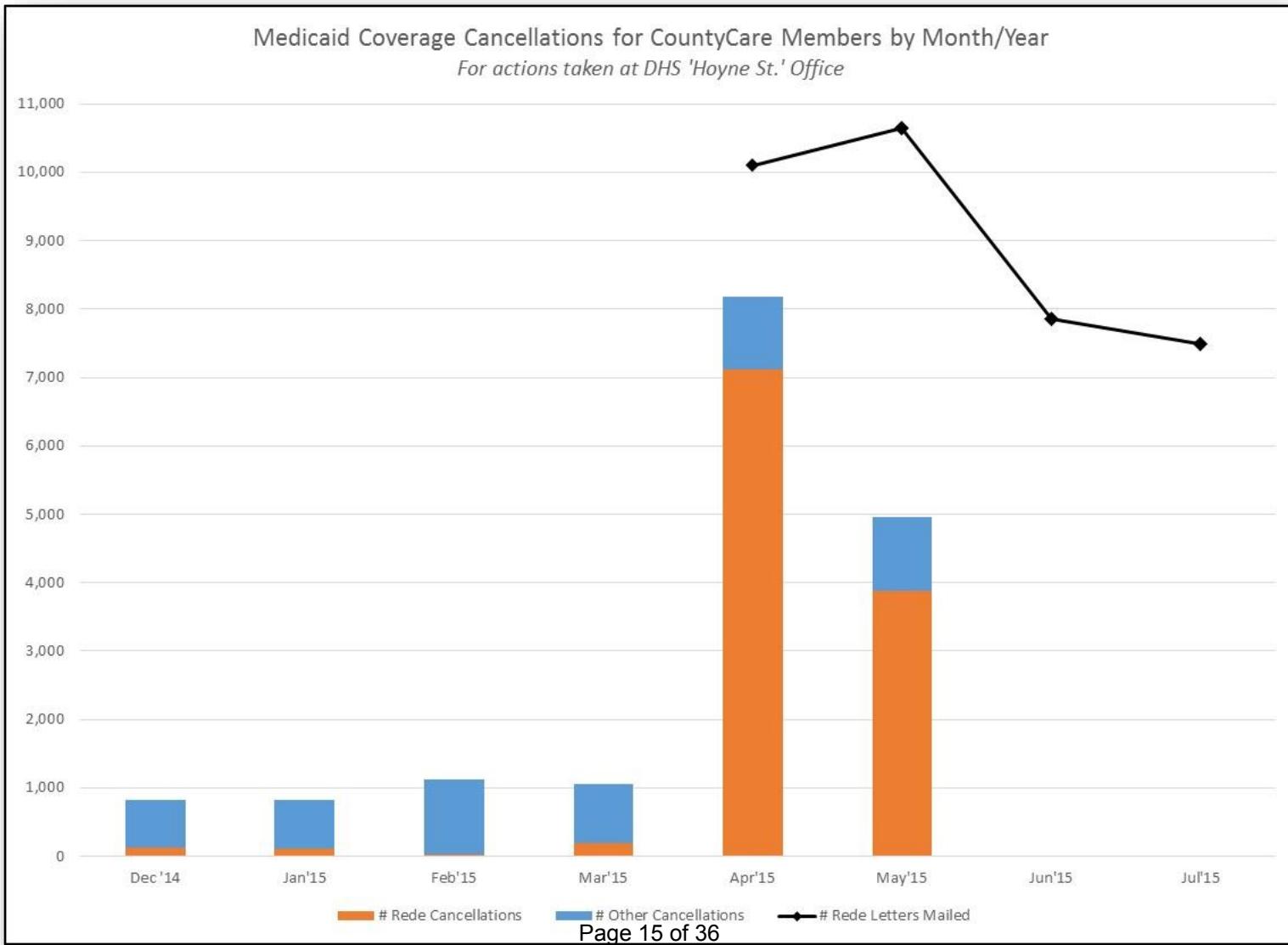
# FHP Membership Trend to Budget



# SPD Membership Trend to Budget



# Medicaid Cancellations



# Health Plan Comparison

Source: IL HFS, Greater Chicago Region

FHP/ACA Adults, Greater Chicago Region		Mar'15		Apr'15		May'15		# Change	% Change
Health Plan	Sponsoring Organization(s)	#	#	#	% Total	Month Prior	Month	Month	
Family Health Network	Mt. Sinai, Norwegian, Resurrection, St. Anthony, St. Bernard	195,996	181,459	185,570	13.0%	4,111	2,312	2.3%	1.3%
CountyCare	Cook County/CCHHS	149,005	176,597	178,909	12.7%	2,312	2,312	2,312	1.3%
Blue Cross Blue Shield	Health Care Services Corp.	142,468	163,530	175,018	11.7%	11,488	11,488	11,488	7.0%
Harmony Health Plan	WellCare	119,459	137,257	143,430	9.8%	6,173	6,173	6,173	4.5%
IlliniCare Health Plan	Centene, Inc.	120,302	134,587	142,679	9.7%	8,092	8,092	8,092	6.0%
Meridian Health Plan		101,595	111,923	119,782	8.0%	7,859	7,859	7,859	7.0%
Aetna Better Health Inc.		94,892	106,144	113,441	7.6%	7,297	7,297	7,297	6.9%
Advocate Accountable Care (ACE)	Advocate Physician Partners	83,117	87,162	89,662	6.3%	2,500	2,500	2,500	2.9%
SmartPlan Choice (ACE)	Presence Health Partners, Independent Phys Alliance of IL	72,331	72,291	70,146	5.2%	(2,145)	(2,145)	(2,145)	-3.0%
MyCare Chicago (ACE)	Lurie, Mercy, Norwegian, Swedish/Asian Human Svcs, Erie, Heartland HC, Mercy, Near North, PCC/C4	47,266	55,496	60,386	4.0%	4,890	4,890	4,890	8.8%
HealthCura (ACE)	Access Community Health Network	20,380	32,365	41,263	2.3%	8,898	8,898	8,898	27.5%
Community Care Partners (ACE)	NorthShore, Vista, Lake County Health Dept, Erie	38,854	38,982	40,184	2.8%	1,202	1,202	1,202	3.1%
UI Health Plus (ACE)	UI Health	23,707	27,650	35,424	2.0%	7,774	7,774	7,774	28.1%
Better Health Network (ACE)	St Bernard's, Loretto, South Shore, Roseland/Aunt Martha's, Beloved	21,292	29,632	34,486	2.1%	4,854	4,854	4,854	16.4%
Loyola Family Care (ACE)	Loyola Univ Health System	23,780	23,501	26,283	1.7%	2,782	2,782	2,782	11.8%
Next Level (CCE serving ACA only)		9,222	9,177	13,369	0.7%	4,192	4,192	4,192	45.7%
Illinois Partnership for Health (ACE)	Blessing Health System, Cadence, Decatur Memorial, KishHealth, Memorial Health, OSF, Riverside Medical Ctr, Rockford Health System, Carle Fdn	3,610	3,674	3,574	0.3%	(100)	(100)	(100)	-2.7%
Lurie Children's Health Partners (CSN CCE)	Lurie Childrens Hospital	1,688	1,678	1,708	0.1%	30	30	30	1.8%
LaRabida Coordinated Care Network (CSN CCE)	La Rabida Childrens Hospital	637	541	611	0.0%	70	70	70	12.9%
<b>Total</b>		<b>1,269,601</b>	<b>1,393,646</b>	<b>1,475,925</b>		<b>82,279</b>			<b>5.9%</b>

# Health Plan Comparison

Source: IL HFS, Chicago Region (includes suburban Cook & Collar Counties)

ICP Greater Chicago Region (SPD population)							
Health Plan	Sponsoring Organization(s)	Mar'15	Apr'15	May'15		# Change Month Prior	% Change Month Prior
		#	#	#	% Total		
Aetna Better Health Inc.		28,852	28,640	28,514	30.1%	(126)	-0.4%
IlliniCare Health Plan Inc.	Centene Inc.	27,372	27,178	26,999	28.5%	(179)	-0.7%
Community Care Alliance of Illinois	Family Health Network	7,841	7,740	7,611	8.1%	(129)	-1.7%
Blue Cross/Blue Shield of Illinois	Health Care Services Corp	6,201	6,288	6,460	6.6%	172	2.7%
Humana Health Plan		4,588	4,524	4,528	4.7%	4	0.1%
Meridian Health Plan		4,447	4,457	4,514	4.7%	57	1.3%
Cigna HealthSpring of Illinois		4,390	4,410	4,443	4.6%	33	0.7%
Next Level (CCE)		3,423	3,353	3,305	3.5%	(48)	-1.4%
<b>CountyCare</b>	<b>Cook County/CCHHS</b>	<b>2,648</b>	<b>2,704</b>	<b>2,759</b>	<b>2.8%</b>	<b>55</b>	<b>2.0%</b>
EntireCare (CCE)	Healthcare Consortium of IL (St Bernard, Chicago Family, St James, MFS, South Shore, Roseland, HRDI, Metro South)	2,548	2,468	2,418	2.6%	(50)	-2.0%
Together4Health (CCE)	Heartland Health Outreach	2,273	2,175	2,099	2.3%	(76)	-3.5%
Be Well (CCE)	MADO Healthcare	1,384	1,368	1,396	1.4%	28	2.0%
<b>Total</b>		<b>95,967</b>	<b>95,305</b>	<b>95,046</b>		<b>(259)</b>	<b>-0.3%</b>



# Risk Management

Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month		Trend	FYTD'15	% to Budget or
				Month	Trend		Goal	Budget/ Goal
<u>ACA Adult Membership</u>								
% 19-24 y/o	16.2%	15.9%	15.0%	-0.9%	--		17.0%	-2.0%
% 25-34 y/o	16.0%	16.1%	15.2%	-0.9%	--		14.8%	0.4%
% 35-44 y/o	13.4%	13.3%	13.0%	-0.2%	--		13.5%	-0.5%
% 45-54 y/o	25.8%	25.0%	25.2%	0.2%	--		27.6%	-2.4%
% 55+ y/o	28.6%	27.7%	31.6%	3.8%	↓		27.0%	4.6%
<u>Pharmacy</u>								
# Scripts filled	179,367	177,742	158,828	(18,914)	↓			
% Utilizing Members	32%	29%	28%	-1.0%	↓			
# Scripts/Utilizer	3.60	3.40	3.10	(0.30)	--			
% Generic dispensing	83%	83%	82%	-1%	--			
% Brand Single Source	16%	16%	17%	1%	--			
% Formulary	98%	98%	98%	0%	--		98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	33.1%	36.7%	35.5%	-1.2%	↓		80%	-44.5%
% Maintenance Rx on Extended Supply (>84 days)	15.1%	18.0%	24.0%	6.0%	↑		85%	-61.0%
<u>Reinsurance</u>								
# Claims filed	0	0	0	0.0%				

Key:	>= Goal
	Within 1% of Goal
	Within 5% of Goal
	< 5% of Goal



# Care Management

Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month		FYTD'15 Budget or Goal	% to Budget/ Goal
				Trend			
<u>PCMH Assignment</u>							
% Members Assigned to PCMH	98.5%	96.7%	96.3%	-0.4%	↑		
% Members Unassigned	1.5%	3.3%	3.7%	0.4%	--		
# Assigned CCHHS/ACHN	33,986	36,268	36,559	291	↑		
% Total Members @ CCHHS/ACHN	22.2%	20.2%	19.9%	-0.3%	--		
# Assigned MHN ACO	59,852	79,542	82,416	2,874	↑		
% Total Members @ MHN ACO	39.1%	44.3%	44.9%	0.6%	--		
<u>Member Risk Stratification</u>							
Total Outreached Members YTD	73,402	75,684		2,282	↑		
Health Risk Assessments/Screenings YTD	26,829	32,571		5,742	↑		
YTD % High Risk Members	2.5%	2.4%		-0.1%	--	2.0%	0.4%
<u>Referral Management</u>							
# Authorizations: Inpatient	1,677	2,132		455	↑		
# Authorizations: Outpatient	2,901	3,397		496	↑		
<u>ACA Utilization Management (rolling 12 month)</u>						Nov'14 Baseline	
Admits/1,000 member months	175	167	163	(4)	↑	168	-3.1%
Bed Days/1,000 member months	781	740	714	(26)	↑	737	-3.2%
ALOS	4.5	4.4	4.4	-	--	4.4	0.0%
ED Visits/1,000 member months	989	967	943	(24)	↑	1,017	-7.8%
% 30-day Readmissions	23%	21%	21%	0%	--	20%	4.8%
<u>ACA CCHHS Utilization (since 7/1/2014)</u>	FY'15 Q1* (N=242,564)		FYTD'15 Q2* (N=235,671)			FY'14 Q4 Benchmark	
Emergency Room	14.2%		13.1%		-1.2%	17.2%	-4.1%
Hospital Inpatient	12.4%		9.9%		-2.5%	10.9%	-1.0%
Hospital Outpatient	31.2%		33.7%		2.5%	28.8%	4.9%
Other Medical	0.6%		0.9%		0.2%	1.1%	-0.2%
Primary Care	37.7%		30.7%		-6.9%	39.8%	-9.1%
Specialist	12.1%		6.2%		-5.9%	6.8%	-0.7%
Total	18.8%		15.6%		-3.2%	19.1%	-3.5%

Key:	= Goal
	Within 1% of Goal
	Within 5% of Goal
	< 5% of Goal

# Health System Utilization Initiatives

- Claims data review
- Centralized call center
- Patient experience initiative
- ACHN leadership engagement
- eConsult launch
- Network providers



# Operations

Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month		FYTD'15 Budget or Goal	% to Budget/Goal
				Trend	Goal		
<b><u>Call Center</u></b>							
Call Volume	29,950	29,374	26,520	(2,854)		Goal	Goal Met
Abandonment rate	1.4%	1.4%	1.6%	0.2%	↓	<4%	Y
Hold time	:00:23	:00:27	:00:44			<:01:00	Y
Average speed to answer	:00:13	:00:14	:00:16			<:00:45	Y
<b><u>Claims Processing</u></b>							
# Claims Paid	87,454	64,293	145,199	80,906	↑		
# Claims Recv'd	127,629	153,200	128,341	(24,859)	↓		
	<b>FY'15 Q1</b>		<b>FYTD'15 Q2</b>				
Avg # Days Received-to-Processed	4		4			< 8	Y
Avg # Days Received-to-Paid/Pend	31		34			< 35	Y

Key:	Yes
	No

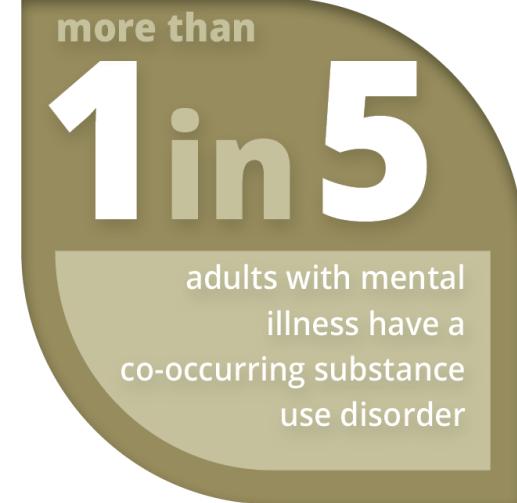
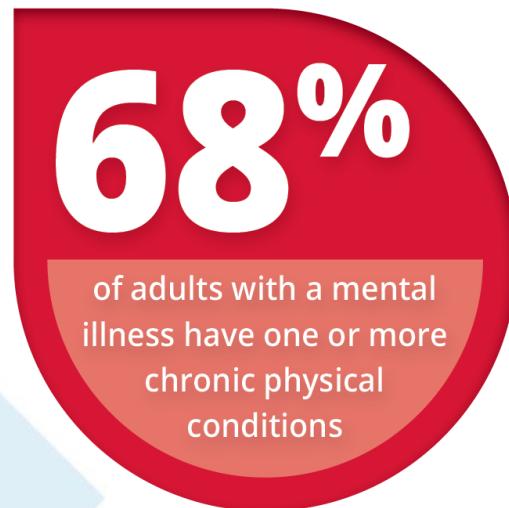


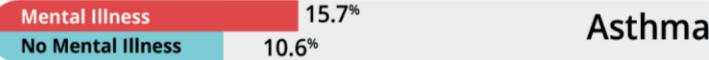
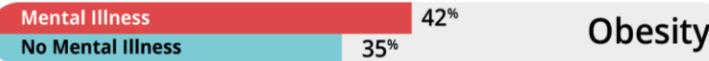
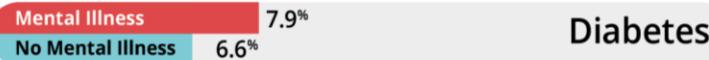
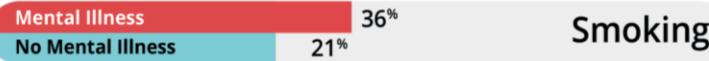
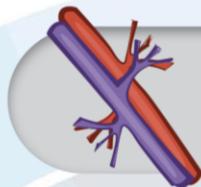
# Quarterly Deep-Dive Discussion: Behavioral Health (BH) Services



# Why Focus on Behavioral Health?

## The PROBLEM





People living with mental illness have higher rates of physical health co-morbidity.

# Medicaid In Illinois

## Single Agency Oversight

IL Department of Healthcare & Family Services (HFS)

### IL Department of Healthcare & Family Services (HFS)

- Medical services (fee-for-service, managed care)
- Pharmacy benefits
- Home & Community-based Waivers

### Various Departments (DoA, DoRS)

- Home & Community-based Waiver

### IL Department of Human Services (DHS)

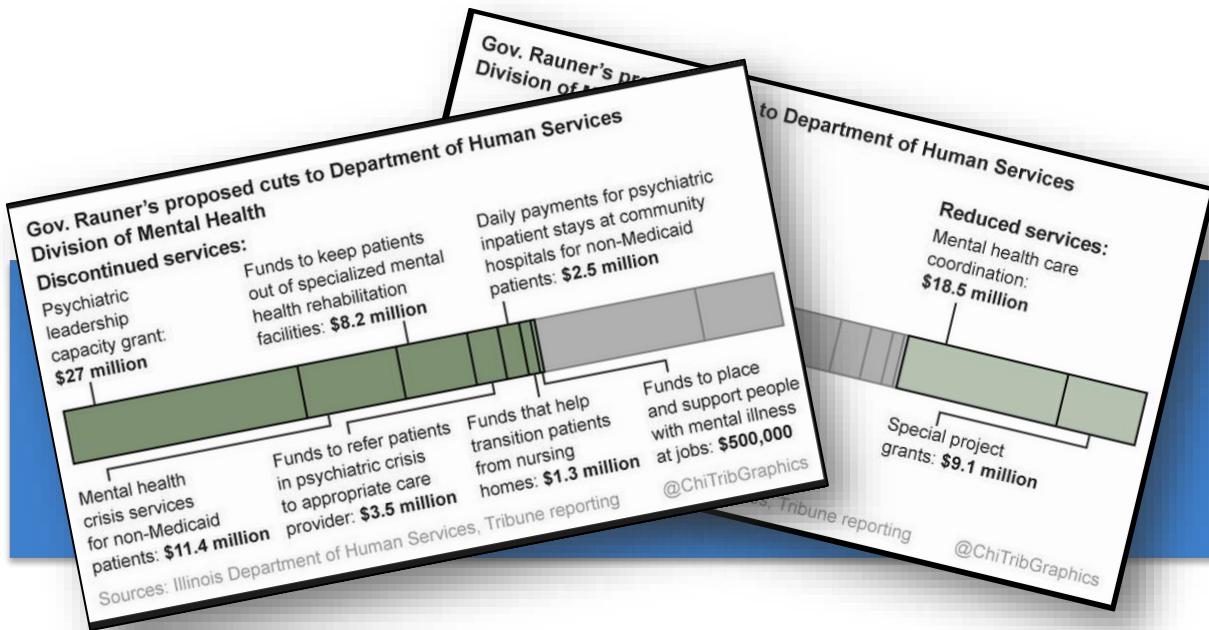
- Mental Health (MH) Services (Division of Mental Health/DMH),
- Substance Use Disorder (SUD) Services (Division of Alcoholism & Substance Abuse/DASA)
- Eligibility determination
- Home & Community-based Waivers

*All services are covered by Medicaid managed care plans as administered by HFS.*

# Different Services, Different Rules

<b>59 IL Administrative Code Part 132 ('Rule 132') Medicaid Community Mental Health Services Program</b>		<b>20 IL Compiled Statute 301/5-10 Alcoholism and Other Drug Abuse &amp; Dependency Act</b>
<b>Group A (59 ILAC 132.148)</b>	<ul style="list-style-type: none"><li>• Mental Health Assessment</li><li>• Psychological Evaluation</li><li>• Treatment Plan Development Review and Modification</li></ul>	<b>Joint Committee on Administrative Rules (JCAR), Title 77: Public Health, DHS</b> <ul style="list-style-type: none"><li>• Part 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses</li><li>• Part 2090: Subacute Alcoholism and Substance Abuse Treatment Services</li></ul>
<b>Group B (59 ILAC 132.150 and 132.165)</b>	<ul style="list-style-type: none"><li>• Assertive Community Treatment (ACT)</li><li>• Case Management: Client-Centered Consultation</li><li>• Case Management: Mental Health</li><li>• Case Management: LOCUS Assessment</li><li>• Case Management: Transition Linkage and Aftercare</li><li>• Community Support (Individual, Group)</li><li>• Community Support (Residential)</li><li>• Community Support: Team Crisis Intervention</li><li>• Crisis Intervention: Pre-Hospitalization Screening</li><li>• Crisis Intervention: State Ops</li><li>• Mental Health Intensive Outpatient</li><li>• Psychosocial Rehabilitation</li><li>• Psychotropic Medication Administration</li><li>• Psychotropic Medication Monitoring</li><li>• Psychotropic Medication Training</li><li>• Therapy/Counseling</li></ul>	<b>Reimbursable Services (2090.40)</b> <ul style="list-style-type: none"><li>• Level I (fka Outpatient Services)</li><li>• Level II (fka Intensive Outpatient Services)</li><li>• Level III (fka Inpatient/Residential Treatment)</li><li>• Ancillary Psychiatric Diagnostic Services</li></ul>

# Good Friday Proposed Cuts

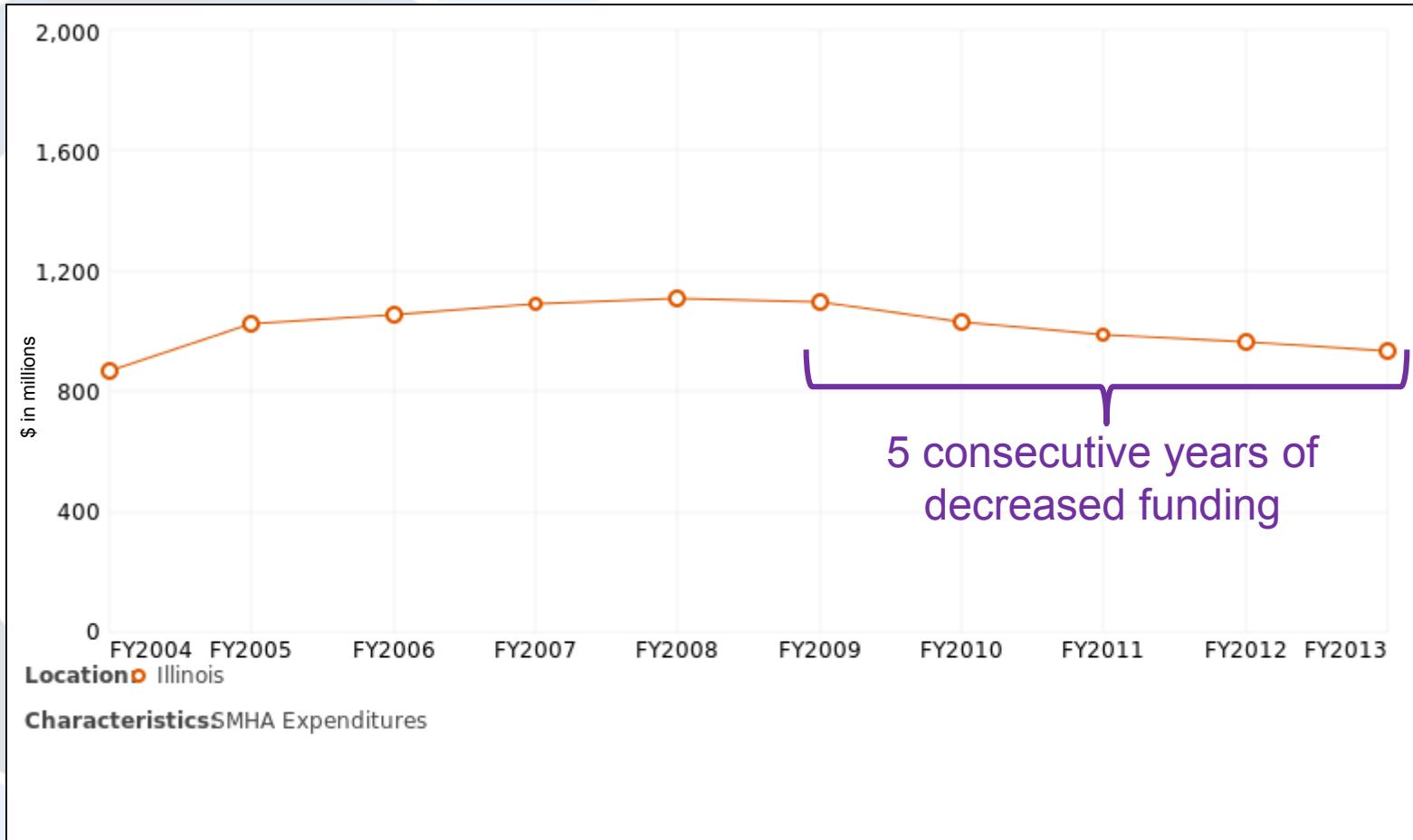


Not implemented because of State Supplemental Budget that cut Medicaid rates instead.

**\$54.7M Discontinued Services**  
**+ \$27.6 Reduced Services**  
**\$82M (15%) Proposed Cuts**

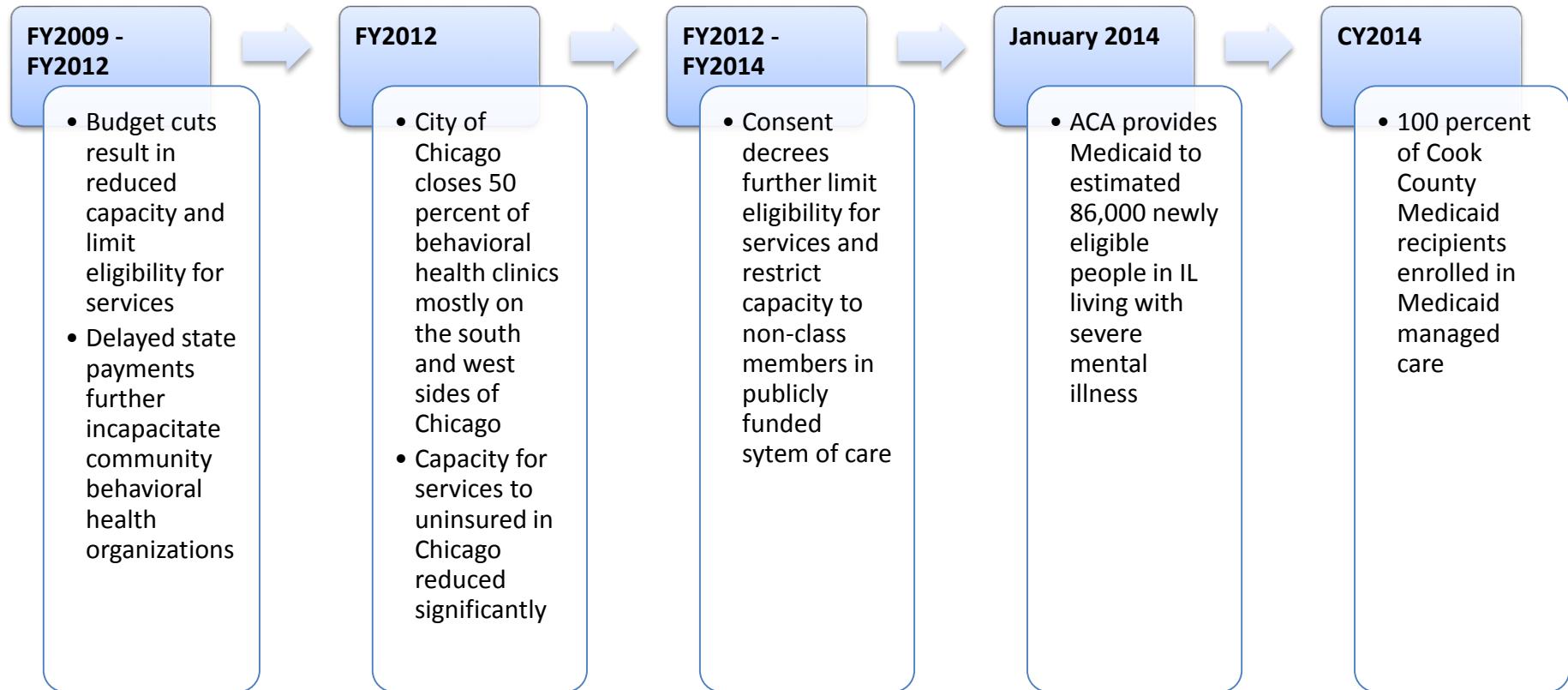


# History of State MH Funding



Board Managed Care Committee | June 18, 2015

# State and County Behavioral Health Context



# CountyCare SUD & BH Claims

Claims Paid 7/1/2014-5/26/2015

## At-A-Glance

- \$17.3 million, or 10% of total external cost (not inclusive of pharmacy)
- Significant portion of total spend
- Does not account for related physical health costs

CountyCare Chemical Dependency Claims, Cost & # Members Served (7/1/2014-5/28/2015)					
Place of Service	# Pd Claims	\$ Paid	# Mbrs		
			w/Claim	\$ Pd/Mbr	# Claims/Mbr
Emergency Room	4,569	\$514,253	1,446	\$355.64	3.2
Hospital Inpatient	1,074	\$1,476,979	753	\$1,961.46	1.4
Hospital Outpatient	868	\$527,141	705	\$747.72	1.2
Other Medical	10,076	\$1,384,441	2,173	\$637.11	4.6
Primary Care	4,659	\$540,364	2,417	\$223.57	1.9
Specialist	2,847	\$116,400	1,135	\$102.56	2.5
<b>Total</b>	<b>24,093</b>	<b>\$4,559,578</b>			

CountyCare Psych Claims, Cost & # Members Served (7/1/2014-5/28/2015)					
Place of Service	# Pd Claims	\$ Paid	# Mbrs		
			w/Claim	\$ Pd/Mbr	# Claims/Mbr
Emergency Room	4,405	\$480,094	1,996	\$240.53	2.2
Hospital Inpatient	2,816	\$6,901,022	1,775	\$3,887.90	1.6
Hospital Outpatient	1,275	\$199,189	1,554	\$128.18	0.8
Other Medical	35,377	\$3,112,236	6,232	\$499.40	5.7
Primary Care	17,700	\$1,845,740	8,875	\$207.97	2.0
Specialist	4,791	\$244,303	2,918	\$83.72	1.6
<b>Total</b>	<b>66,364</b>	<b>\$12,782,584</b>			

# ED & Inpatient UM of CountyCare's Top 1%

Data as of 5/28/2015 | Top 1% by Claims Cost

UM Metrics /1000 BY Primary Claims Diagnosis MPC (UM/1000 Formula = Admits / Member Month *12000)							
	ADMITS / 1000	BED DAYS / 1000	ALOS	ED VISITS / 1000	READMISSION RATE	MEMBER COUNT (ELIGIBLE)	MEMBER MONTHS
Cardiology	2,717	11,949	4.4	5,965	28%	206	2,376
Psychiatry	6,395	34,960	5.5	10,407	58%	186	2,019
Orthopedics & rheumatology	2,133	12,767	6.0	3,055	23%	147	1,705
Pulmonology	3,640	23,053	6.3	6,621	40%	133	1,546
Gastroenterology	2,718	14,408	5.3	5,935	31%	133	1,470
Neurology	2,560	17,120	6.7	5,390	29%	114	1,289
Preventive & administrative	2,407	23,203	9.6	3,285	33%	66	738
Hepatology	3,625	19,650	5.4	7,160	37%	56	662
Endocrinology	4,369	19,433	4.4	9,074	57%	55	607
Dermatology	2,468	14,558	5.9	6,498	27%	48	530
Late effects; environmental trauma & poisoni...	2,619	18,922	7.2	3,894	32%	45	527
Infectious diseases	3,065	23,952	7.8	4,966	36%	41	505
Chemical dependency	5,825	30,700	5.3	19,725	57%	45	480
Nephrology	2,311	11,685	6.1	4,175	25%	35	457
Urology	2,224	11,210	6.0	3,776	20%	30	410
Isolated signs & symptoms	2,063	8,438	4.1	4,781	18%	19	256
Gynecology	1,768	6,054	3.4	3,054	33%	21	224
Hematology	3,663	22,674	6.2	5,242	31%	14	190
Otolaryngology	2,618	16,145	6.2	4,509	28%	15	165
Obstetrics	2,020	9,980	4.9	2,733	18%	6	101
<b>Grand Total</b>	<b>3,322</b>	<b>18,916</b>	<b>5.7</b>	<b>6,386</b>	<b>40%</b>	<b>1,415</b>	<b>16,257</b>



# CountyCare SUD & MH ED & Inpatient Admits by Diagnosis

Claims Paid 7/1/2014-5/26/2015 | Facilities with 5+ ED Visits or Inpt Admissions

## SUD Diagnoses

### ED and IP Visits by Diagnosis

Alcohol dependence	362	476	128	27%	\$1.25M	450
Acute alcohol intoxication	1,877	61	9	15%	\$0.45M	977
Opioid or barbiturate dependence	181	203	26	13%	\$0.18M	436
Other drug dependence	243	17	0	0%	\$0.08M	273
Cocaine or amphetamine dependence	48	31	1	3%	\$0.03M	117
	TOTAL ED VISITS	TOTAL IP ADMITS	READMISSIONS	FLAG READMISSION %	Claim Amount	Distinct Count of Members Visiting

## MH Diagnoses

### ED and IP Visits by Diagnosis

Organic drug or metabolic disorders	296	1,353	291	22%	\$2.45M	903
Mood disorder; depressed	790	524	111	21%	\$1.53M	862
Psychotic & schizophrenic disorders	431	388	109	28%	\$1.46M	468
Mood disorder; bipolar	215	385	85	22%	\$1.35M	421
Other neuropsychological or behavioral disorders	392	124	22	18%	\$0.40M	461
Anxiety disorder or phobias	484	22	2	9%	\$0.11M	437
Dementia	7	5	0	0%	\$0.03M	14
	TOTAL ED VISITS	TOTAL IP ADMITS	READMISSIONS	FLAG READMISSION %	Claim Amount	Distinct Count of Members Visiting



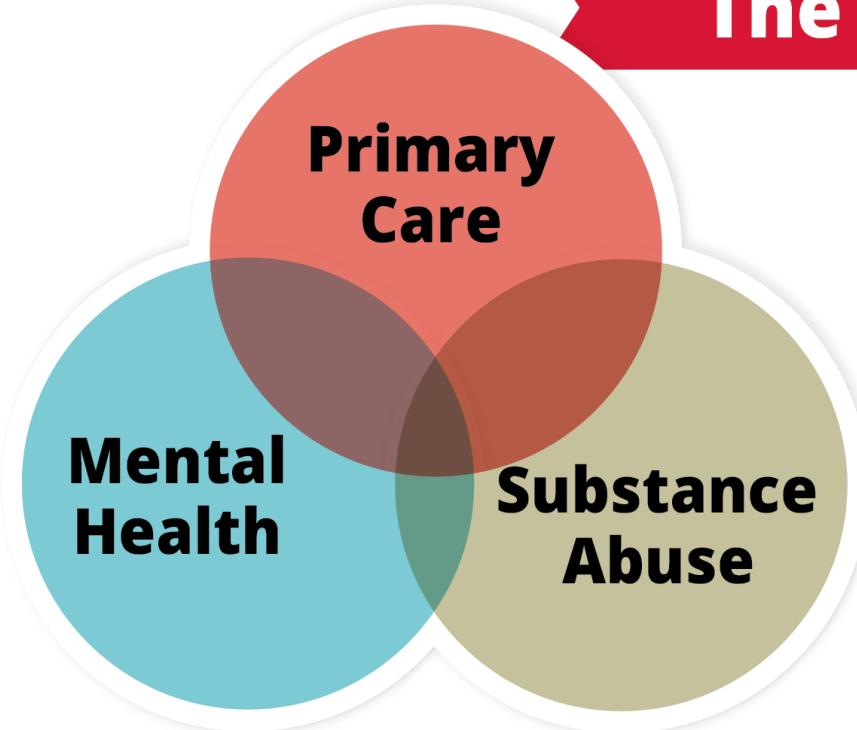
# Current Interventions

- Cenpatico interventions (ACA adults)
  - Case rate payments
  - Focus on case finding
  - Streamlined intake
- Strengthen CountyCare Contracted Network for FHP and ICP members
- High risk care coordination carve-outs
  - Home & Community Based Waiver Members
  - Children with Special Needs (CSNs)



# Vision: Integration of Behavioral & Physical Health

## The SOLUTION



The solution lies in integrated care – the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.



# Community Counseling Centers of Chicago (C4)

- C4 PMPM capitation agreement
- Developing areas of focus:

MCO BH functions

*Adults:*

- Behavioral/physical health care integration
- Outreach/linkage services
- Substance use disorder treatment
- Justice involved population

*Pediatrics:*

- Children's Mental Health Services
- General access to care
- ED linkage to care for non-SASS CountyCare patients (pilot)
- Justice involved population



# Next Steps

- Additional provider partnerships, MH & SUD
- Focus efforts on key populations and indicators
- Incentivize integration at sharp-end of care
- Enhanced justice-involved discharge coordination
- BOD presentation on System-wide approach to BH

